

Cranberry Highlands Golf Course Community Apiary Waiver of Liability and Assumption Risk

1. In contemplation of and as consideration for participating in the apiary, or otherwise observing or participating in the opening, inspection or interaction with bees or beehives, I, _____, hereby RELEASE, WAIVE, DISCHARGE AND CONVENANT NOT TO SUE Burgh Bees, Cranberry Township, Cranberry Highlands Golf Course, its officers, employees, directors, volunteers and other participants, and owners and lessors of the premises used to conduct the class (“RELEASEES”), and further acknowledge and agree:

- There is a potential risk of injury from activities involved in beekeeping; and while rules, equipment and personal care may reduce this risk, the risk of injury does exist and;
- I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation and;
- I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest responsible party immediately and;
- For myself, and on behalf of my heirs, assigns, personal representatives and next of kin, I HEREBY RELEASE AND HOLD HARMLESS RELEASEES, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, TO THE FULLEST EXTENT OF THE LAW, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

2. Cranberry Township, through its employees, may (but is not obligated to) take any action during the beekeeping activities that the employee considers to be warranted under the circumstances regarding my health and safety. In case of a medical emergency (and what may appear to be a medical emergency), I authorize in advance that the Cranberry Township employee secure for me whatever medical attention and treatment appears to be necessary or prudent including, but not limited to, the summoning of an ambulance; and if I am incapacitated and unable to consent, administration of medication and hospitalization; and I agree that I shall bear all costs for any such medical attention and treatment. Additionally, I do not have any known conditions that will increase my likelihood of experiencing injuries while engaging in this activity. I agree to abide by all posted rules and reasonable requests of beekeeping supervisors while engaged in beekeeping activities. I understand that my failure to do so may result in my ejection from beekeeping activities and my exclusion from them in the future.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(Printed Name)

(Participant’s Signature)

(Date)